Substitute for form 1449/PTO (Revised 07/2007) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) Sheet I of 1 U. Examiner Cite Initials* No. Number - Kind Code (if known)					Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number Name Attorney Docket Number Name Attorney Docket Number Name Attorney Docket Number Name Name Name Name Name Name Name Name			or umber MENT					
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FOREIGN PATENT DOCUMENTS													
Examiner Initials	Cite No.		Foreign Patent Document Country Code - Number Kind Code (if known)			Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		English Language Translation Attached	
	12	DE-92 09 908 U1		09-17-1992		2	Neuss, Malte, Dipl Ing.						
	13	DE	DE-43 23 866 A1			01-27-1994		Neuss, Malte, Dipl Ing.					
	14	EP	EP-0 872 220 A1			10-21-1998		Advanced Cardiovascular Systems, Inc.					
	15	W	WO-00/78246 A2			12-28-2000		Endocare, Inc.					
OTHER DOCUMENTS													
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				ary European Search Report for EP Application No. 4, 2007.									

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^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.